## PRO RATA TOBACCO SETTLEMENT DISTRIBUTION NON-HOSPITAL DISTRICT PUBLIC HOSPITAL EXPENDITURE STATEMENT - 2000

Provide the **calendar year 1999 unreimbursed health care expenditures** for your hospital within the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that these expenditures shall be calculated as follows for pro rata distributions made in 2000 and subsequent years:

"The total annual unreimbursed health care expenditures for a non-hospital district public hospital owned by a political subdivision are defined as the total unreimbursed amount of political subdivision funds paid to such hospital by any political subdivision during that year."

## Allowable Expenditure Categories

A. Total unreimbursed amount of political subdivision funds pasubdivision during calendar year 1999 : \$\frac{\$}{}\$ which paid funds to the hospital:	. Name of political subdivision(s)
B. *Other allowable expenditures: \$	
Total allowable expenditures (A. + B.): \$ (Amount claimed by hospital for pro rata distribution in 200)	00)

\*Note the following additional provision in the tobacco settlement agreement, Section 5.B(4):

"To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures, to the extent they are verifiable, which are attributable to proceeds from the sale or lease of public health care facilities. To the extent that proceeds from the sale or lease of public health care facilities are represented by contractually obligated health care services for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates."

Attach a worksheet indicating the base numbers for your calculation of category B. expenditures.

The deadline for submission of this form to the Texas Department of Health is March 31, 2000. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is April 30, 2000.

The information submitted on this form is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a subdivision, the ineligible amount will be deducted from the subsequent year's payment to that subdivision, in addition to a penalty assessment.

and American Tobacco Compan	ly, et al.	
Name of Hospital:		
Name of Certifying Officer:		
Certifying Officer's Signature:		
Certifying Officer's Title (county jo	udge, chief executive officer, etc.):	
Signature Date:	Telephone Number: (	)
Name of Political Subdivision(s) or	wning or maintaining Hospital:	
Name of County in which Hospital	l is located:	

This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas

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